**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 28, 2014**
**Secretary of State**
**CC1180271263**

DOCUMENT# G27805

**Entity Name:** MEDICAL MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

% BURT E. REDLUS
19 W FLAGLER ST 711
MIAMI, FL 33130

**Current Mailing Address:**

% BURT E. REDLUS
19 W FLAGLER ST 711
MIAMI, FL 33130

**FEI Number: 65-0065506**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REDLUS, BURT E
19 W. FLAGLER ST.
711 BISCAYNE BLDG.
MIAMI, FL 33130 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PD |
| Name | REDLUS, BURT E. |
| Address | 19 W. FLAGLER ST., #711 |
| City-State-Zip: | MIAMI FL 33130 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: BURT E REDLUS PRESIDENT 04/28/2014

Electronic Signature of Signing Officer/Director Detail — Date